COVID-19 On-site Request Safety Checklist

Form completed by:

Completion Date:

The information below must be collected prior to approval for on-site visit by CGM sales and/or technical staff.

Customer Name:

Customer location:

Person requesting visit:

Requested visit date:

In the last 14 days, has any person in your company tested positive to COVID-19 or been quarantined with COVID-19 symptoms

Yes

No

If yes, was the area they work the same area we will visit?

Yes

No

If yes, what has been done to make sure the area is safe for our visit?

Is the workspace arranged to allow proper 6’ social distancing during our visit?

Yes

No

If no, what can be done to ensure the safety of CGM employees while in your facility?